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PTO/SB/21 (12-08)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/563,655
		Filing Date	January 5, 2006
		First Named Inventor	J. Christopher Anderson
		Group Art Unit	1656
		Examiner Name	Kagnew H. Gebreyesus
Total Number of Pages in This Submission		Attorney Docket Number	54A-000410US

ENCLOSURES (check all that apply)

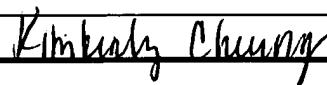
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Request for Corrected Filing receipt
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Filing Receipt – marked up
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Replacement Application Data Entry Form
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edward J. DesJardins, Ph.D., Reg. No. 51,162, Quine Intellectual Property Law Group, P.C.
Signature	
Date	September 22, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kimberly Cheung		
Signature		Date	September 22, 2009

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

650.00

Complete if Known	
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Art Unit	1656
Attorney Docket No.	54A-000410US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): **Deposit Account**
 Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Other: Request for Continued Examination _____

405

Other: Petition for 2-Month Extension of Time _____

245

Other: _____

Other: _____

Other: _____

Other: _____

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		51,162	(510) 337-7871
Name (Print/Type)	Edward J. Desjardins, Ph.D.	Date	September 22, 2009